

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69001	11/5/99
O.I.P.E. CLASSIFIER		69055	11/15/99
FORMALITY REVIEW			11/29/99

INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/09/00
2	✓	✓	11/13/00
3	✓	✓	11/13/00
4	✓	✓	11/13/00
5	✓	✓	11/13/00
6	✓	✓	11/13/00
7	✓	✓	11/13/00
8	✓	✓	11/13/00
9	✓	✓	11/13/00
10	✓	✓	11/13/00
11	✓	✓	11/13/00
12	✓	✓	11/13/00
13	✓	✓	11/13/00
14	✓	✓	11/13/00
15	✓	✓	11/13/00
16	✓	✓	11/13/00
17	✓	✓	11/13/00
18	✓	✓	11/13/00
19	✓	✓	11/13/00
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42	✓	✓	11/13/00
43	✓	✓	11/13/00
44	✓	✓	11/13/00
45	✓	✓	11/13/00
46	✓	✓	11/13/00
47	✓	✓	11/13/00
48	✓	✓	11/13/00
49	✓	✓	11/13/00
50	✓	✓	11/13/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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